

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Maile	4606	06-20-01
O.I.P.E. CLASSIFIER	M.H.	625	6/29/01
FORMALITY REVIEW			08-10-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here